

Colorado Department of Public Health and Environment

Water Quality Control Division



Annual Fee Inventory Update Form

| Fubile | , water | System (FWS) | 11110111 | F | WSID Nu | mber: | CO0 | |
|--------------------------------------|-------------|--|-------------|---|-----------------------|-----------------------|--|--|
| PWS Name: | | | | | | Count | ty: | |
| PWS Ma | ailing Ac | ldress: | | | | | | |
| (P.O. Box or Mail Stop) | | | | | | - ! (0 | | |
| City: | | ; | State: CO | | Zip (9 digit): | | | |
| PWS Phone: | | | | PWS Fax: | | | | |
| PWS E- | mail (if A | Applicable): | | | | | | |
| Owner ((Legal Ow or other leg | ner: The le | Name:_ gal owner is an individ | ual, corpor | ration, partnershi | o, association, sta | ite or polit | ical subdivision thereof, municipality, | |
| | _ | Address: | | | | | | |
| City: | | ; | State: | | Zip (9 | Zip (9 digit): | | |
| Owner Phone: | | Owner Fax: | | | | | | |
| 10/-1 | 0 | Type Ple | | k the appropria | | | | |
| ☐ Purcl | hased Su | · ☐ Ground rface Water ation Informat | ☐ Pur | | | ider Infl | uence of Surface Water | |
| Populati | ion Type: | s & Operating Pe | riods | | | | | |
| Population Types (See Page 3) | | Maximum Number of Persons Served per Day | | Are these year-round population If No, please include dates of se | | | Number of service connections used by each population type | |
| | Resident | | | | | | | |
| Non – | - Resident | | | | | | | |
| | Visitors | | | | | | | |
| V | Wholesale | | | | | | | |
| Resident | | Persons whose primary residence is served by the system. The individual need not live at the residence for 365 days/year for it to be considered his/her primary residence. | | | | | | |
| Non-Resident | | Persons who do not reside at a place served by the water system, but have a regular opportunity to consume water produced by the system for at least six months of the year. Regular opportunity is defined as four or more hours per day, for four or more days per week. Examples of this would include individuals like employees, students, teachers, etc. | | | | | | |
| Visitors | | Persons who do not regularly consume water from the system, but who have the opportunity to consumer water produced by the system. | | | | | | |
| Wholesale | | Persons served by a water system that purchases water from your water system. | | | | | | |
| | | system serves a commercial building that employs 50 individuals (non-residents), but 30 of those individuals are also residents of e system would only consider 20 of the employees as non-residents when determining the maximum number of persons served | | | | | | |

by each population type.

| Please use the space below to provide any further information that will support a change to the fee category for your system. (Please be sure to include any details that may be unique to your situation.) | | | | | | | |
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| Name of Person Completing Form (F | Please Print) | Title | | | | | |
| Signature | | Date | | | | | |
| Please return the completed form to: | Colorado Dept. of Public Health & E Drinking Water Fee Management T WQCD-CADM-B2 4300 Cherry Creek Drive South Denver, CO 80246-1530 Fax (303)782-0390 | | | | | | |
| For Department Use Only | | | | | | | |
| Current Fee Category & Subcategory | ory: | | | | | | |
| Fee Adjusted: Yes No | | | | | | | |
| Final Fee Category & Subcategory | (if applicable): | | | | | | |
| Reason (Use space to provide rationals | e behind adjustment): | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Decision Made By (Please Print): | | | | | | | |
| Signature: | | | | | | | |
| Corrected in SDWIS By: | | : | | | | | |
| Date PWS Notified and/or Re-invol | iced· | Rv· | | | | | |